

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 21 1948

Registration District No. **278**

Primary Registration District No. **4410**

Registrar's No. **51**

1. PLACE OF DEATH

- (a) County **Phelps**
(b) City or town **St James**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community **38 years**
years, months or days)

3. (a) PRINT

FULL NAME **Hans Jere Mikkelsen**

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex **Male**

5. Color or

race **White**

6. (a) Single, widowed, married,

divorced **Married**

6. (b) Name of husband or wife **Anna Mikkelsen**

6. (c) Age of husband or wife if

alive **alive** years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

89

7

28

hr.

min.

9. Birthplace

Danmark

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Rete Mikkelsen

13. Birthplace

Danmark

(City, town, or county)

(State or foreign country)

14. Maiden name

Anna Schmidt

15. Birthplace

Danmark

(City, town, or county)

(State or foreign country)

16. (b) Informant

Gracie M. Matlock

- (b) Address

St James MO

17. (a) **Masonic camp**

- (b) Date thereof

9-24-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

Leahler Funeral Home

- (b) Address

St James MO

19. (a) **10-16-1948**

Bara C. Birmingham

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **MO** (b) County **Phelps**
(c) City or town **St James**
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **22**
year **1948** hour **8:40** minute **P** M.

21. I hereby certify that I attended the deceased from **19**
day 20th, 1948, to **9-22**, 1948
that I last saw him alive on **9-22**, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral insufficiency

Duration

1 year

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____

(Specify type of place)

(e) Means of injury **Q**

23. Signature

(M. D. **9-22-48**)

Address

St James MO

Date signed **9-22-48**

RECEIVED

Phelps County Health Officer;

County File Number _____

Date Filed 10/20/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Orell E. Zickler

Licensed Embalmer No. 3546

P. O. Address 97 James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.